Name in Full | Certificate of Death

Laura Elizabeth Adams

Died at: Town Jonestown, County Howard, MARYLAND

Date 1897 Sept. 19 | Age Y. — M. 7 D. — | Native of Maryland | Occupation

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife: —

Father's Name: Edward R. Adams | Mother's Name: Elizabeth Adams

Cause of Death — Primary: Capillary Bronchitis | How long sick: 2 weeks

Immediate: Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by: Samuel J. Fort M.D.

Address: Ellicott City Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

55545 L. George Baker

Died at Town: Dorsey County: Howard MARYLAND

Date 1899 Month: Sept Day: 18 | Age Y. 64 M. 11 D. - | Native of Germany | Occupation Storekeeper

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced | Number of children living 2

Husband of

Wife

Father's Name

Mother's Name

Cause of Death — Primary: Typhoid-Fever / Immediate: Pneumonia | How long sick: 2 weeks | Accident, Suicide, Homicide

Reported by W A L Blenning

Address 333 N Gilmor St Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr. A L Blessing

of Baltimore Md

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full Blaney (Infant)

Certificate of Death

Died at Town Ellicott City County Howard MARYLAND

Date 1899 Month Sept Day 6 | Age Y. 8 M. D. | Native of Md | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widow Widower ~~Divorced~~

~~Husband~~ Wife of

Number of children living

Father's Name Ryan & Blaney Mother's Name Barbara Schuetz

Cause of Death — Primary: Pneumonia 82 — How long sick: 3 weeks

Immediate: Enteritis — ~~Accident, Suicide, Homicide~~

Reported by Jno M B Ryan M D

Address Ellicott City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mrs Caroline T. Carroll. Certificate of Death

Town Doughoregan Manor County Md. MARYLAND

Died at

Date 1899 Month 9 Day 27 | Age Y. 68 M. D. | Native of Virginia | Occupation —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ Wife of Charles Carroll

Father's Name Thos. C. Thompson Mother's Name 57

Cause of Death — Primary Heart trouble — How long sick 4 weeks

Immediate Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by Thos. B. Grimes

Address Elkridge City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name In Full — Certificete of Death

Mrs Catherine Cary

Town — County

Died at Howard — MARYLAND

Date 1899	Month 9	Dey 12	Age Y. 67 M. 7 D.	Native of Maryland	Occupation Housewife

~~Male~~ Femele — White ~~Colored~~ — Married ~~Single~~ — ~~Widow~~ Widower — Divorced — Number of children living 8

~~Husband~~ Wife of William Cary Sr

Father's Neme — Mother's Name

Cause of Death		How long sick
Primary	Heart Disease	18 months
Immediate	Exhaustion	~~Accident, Suicide, Homicide~~

Reported by Thos B Owings M.D

Address Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79895

Name In Full Eliza Cole

Certificate of Death

Died at Town [illegible] County Anne Arundel MARYLAND

Date 1899 Month 9 Day 18 | Age Y. 9 M. D. | Native of Md | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of

Wife

Father's Name Wm Cole

Mother's Name 8a

Cause of Death — Primary: Diptheria — How long sick: One week

Immediate: Pneumonia — Accident, Suicide, Homicide

Reported by Dr. J. B. Bruce

Address Elkridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79918

Name in Full (infant) Dead Born Davis. Certificate of Death

Town: Woodstock County: Howard MARYLAND

Died at

Date 1899 Month 9th Day 6th Y. M. D. Age Dead Born Native of Md Occupation ?

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~

Number of children living

~~Husband~~ ~~Wife~~

Father's Name Wm. Davis Mother's Name Lula Jennings-Davis

Cause of Death: Primary Prolonged Labor ~~How long sick~~

Immediate Still Birth ~~Accident, Suicide, Homicide~~

Reported by Benj Shipley M D

Address Elysia Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 8898R

Name In Full

Certificate of Death

Helen A. Dorsey

Town

Dorseys Station

County

Howard

MARYLAND

Died at

Month	Day	Y.	M.	D.	Native of	Occupation
September	12	21	11	3	Maryland	Housewife

Date 1899

Age

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

~~Widow~~ ~~Widower~~

~~Divorced~~

Number of children living 0

~~Husband~~ Wife of Samuel Dorsey Jr.

Father's Name George Hopwood

Mother's Name Elizabeth Hopwood

Cause of Death

Primary La Grippe, Pulmonary 9

How long sick 10 months

Immediate tuberculosis, Exhaustion

~~Accident, Suicide, Homicide~~

Reported by W. R. Earecson

Address Elk Ridge, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70895

Name in Full

Certificate of Death

Samuel Henson Harriday.

Town: Dairy, County: Howard, MARYLAND

Died at

Date 189 9 Month: Sept. Day: 12

Age Y. 69 M. 11 D.

Native of Maryland

Occupation Laborer

Male ~~Female~~

~~White~~ Colored

Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 8

Husband of Rebecca Harriday

Father's Name Jessie Harriday

Mother's Name Emily Harriday.

Cause of Death: Primary — Chronic Bright's disease

Immediate — Uremia with convulsions

How long sick 2 days.

~~Accident, Suicide, Homicide~~

Reported by J. W. Lacy

Address 97 Lisbon Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full John B Helm — Certificate of Death

Died at Town: Ellicott City — County: Howard Co — MARYLAND

Date 1899 — Month: Sept. — Day: 5th — Age: Y. 76 M. D. — Native of: Md — Occupation: Blacksmith

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — ~~Single~~ — Widower — Number of children living: Seven

Husband of Jane Sindell (deceased)

Father's Name: James Helm — Mother's Name: Hillmina Duval

Cause of Death — Primary: Paralysis 44 — How long sick: 18 mos

Immediate: General Debility — ~~Accident, Suicide, Homicide~~

Reported by Dr. Jno. M. B. Rogers

Address Ellicott city Md 9-21

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — — Hyatt —

Certificate of Death

Died at Ellicott (Town) Howard (County) MARYLAND

Date 189 9 Month Sept Day 19 | Age Y. 4 M. D. | Native of Md | Occupation

~~Male~~ Female | ~~White~~ Col~~ored~~ | ~~Married~~ Single | ~~Widow~~ Widower | Divorced | Number of children living

~~Husband~~ Wife of 138

Father's Name T. M. Hyatt — Mother's Name Sarah Hyatt

Cause of Death — Primary Ochlus Neonatorum — How long sick 3 days

Immediate Convulsions — Accident, Suicide, Homicide

Reported by R. J. Bynum

Address Ellicott City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Edward . Jackson

Died at Town: Pine Orchard County: Howard MARYLAND

Date 189 9 Month: Sept-27 Day | Age Y. 37 M. 7 D. yrs. | Native of Md | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widowed~~ Widower | ~~Black~~ | Number of children living 4

Husband of ~~Wife~~ Sarah Jackson

Father's Name Don't know Mother's Name don't know

Cause of Death — Primary: Tetanus 16 hr

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Stephen Hillsinger

Address Elkridge Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Attended by Dr. none

of

Seen by Coroner

of

Information contained in this certificate re-
ceived from

of

John Henry Johnson
Pine Orchard
Md

Name in Full

Certificate of Death

Julian Clyde Johnson.

Died Near Town Cooksville County Howard MARYLAND

Date 189 9 Month Sept Day 5th | Age Y. 7 M. 1 D. 15 | Native of Howard Co | Occupation child

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 3

Husband of Wife

Father's Name Greenbury Johnson Jr

Mother's Name Mary Leathy Johnson

Cause of Death: Primary Typhoid Fever | How long sick 20 days

Immediate Exhaustion

~~Accident, Suicide, Homicide~~

Reported by C. O. Dr. Warfield M.D.

Address Lisbon, P.O., Howard Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Elizabeth Lathford

Died at Town: Annapolis Jct. County: Howard — MARYLAND

Date 189 9 Month 9 Day 4 Age Y. 62 M. D. Native of Md Occupation ——

~~Male~~ Female — White — ~~Colored~~ — ~~Married~~ Single — Widow — ~~Widower~~ — Divorced — ~~Number of children living~~

Husband / Wife of — — — — — 111 — —

Father's Name: Geo. W. Lathford — Mother's Name: Sarah J. Lathford

Cause of Death — Primary: Uterine fibroid — How long sick: 12 yr

Immediate: Malarial Fever — ~~Accident, Suicide, Homicide~~

Reported by: W. Linthicum M.D

Address: Savage Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, F5068

Name In Full Henry L. Murrick Jr

Certificate of Death

Died at Town Marriottsville County Howard MARYLAND

Date 1899 Month 9 Day 19 | Age Y. 15 M. D. | Native of Md ~~Color~~

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~White~~ Widower | ~~Divorced~~ ~~Number of children living~~

~~Husband of~~ ~~Wife~~

Father's Name Henry L. Murrick Sr

Mother's Name Middleton Eastern Murrick

Cause of Death — Primary: inflamation of the umbilicus followed by Tetanus Infantum — How long sick: about 5 days

Immediate: convulsions 140 — ~~Accident, Suicide, Homicide~~

Reported by Benj F. Shipley

Address Alpha Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full

William Ray Norton

Certificate of Death

Town: Alberton

County: Howard

Died at Alberton, Howard, MARYLAND

Date 1899 Month: Sept Day: 20

Age Y. 6 M. 10 D.

Native of Md.

Occupation ——

Male ~~Female~~

White ~~Colored~~

~~Married~~ Single

~~Widow~~ Widower

~~Divorced~~

~~Number of children living~~

Husband / Wife of ~~

Father's Name: Willard A. Norton

Mother's Name: Francisco Engle

Cause of Death — Primary: Entero-Colitis & 2

How long sick: 5 days

Immediate: Asthenia

~~Accident, Suicide, Homicide~~

Reported by Dr. Wm. B. Gambrill

Address Alberton Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full

Certificate of Death

Mary Shipley

Town

Died at Hollofield

County

Howard

MARYLAND

Date 189	Month	Day	Age	Y.	M.	D.	Native of	Occupation
	Sept	29		75	6	2	Carroll Co Md	Housekeeper

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

~~Widow~~ Widower ~~Divorced~~

Number of children living 5

~~Husband~~ Wife of Jesse Severns

Father's Name Ezekiel Shipley

Mother's Name Miranda Barnes

Cause of Death

Primary: Old age, Malaria, Hepatic abcess

How long sick 8 weeks

Immediate: Asthenia 9d

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Dr. Wm. B. Isambill

Address Alberton Howard Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full ~~~~ Smith Still-born

Certificate of Death

~~Town~~ County

Died at Willow Farm Howard MARYLAND

	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899	Sept	16	Age —	—	—	Md	— — — —

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of ~~~~ ~~~~

Father's Name Robt. Isaac Smith Mother's Name Mary Jackson

Cause of Death: Primary Delayed delivery — How long sick ~~~~

Immediate Asphyxia — Accident, ~~Suicide~~, ~~Homicide~~

Reported by Dr. Wm. B. Lambrill,

Address Alberton Md

Case primarily under care of Colored midwife.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 7070

Name in Full

Certificate of Death

Dethi Spicer

Town

Savage

County

Howard

Died at

MARYLAND

Month 9 Day 9

Age Y 15 M. 11 D. 13

Native of Md.

Occupation mine hand

Date 189 9

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single Widower ~~Number of children living~~

Husband of

Wife

Father's Name Clinton Spicer

Mother's Name Emma Spicer

Cause of Death: Primary Typhoid Fever 1 How long sick 21 days

Immediate Collapse. Possibly internal hemorrhage

~~Accident Suicide~~ Homicide

Reported by F. W. Linthicum M. D.

Address Savage Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65068

Name in Full

Certificate of Death

Esther Marie Umbaugh

Died at Town: Marriottsville County: Howard MARYLAND

Date 1899 Month: 9 Day: 23 | Age Y.: 5 M.: 4 D.: | Native of: Md | ~~Occupation~~

~~Male~~ / Female | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ / Widow / Widower | ~~Divorced~~ | ~~Number of children living~~

~~Husband of~~ / ~~Wife of~~ 82

Father's Name: Wm Umbaugh

Mother's Name: Mollie Arrington

Cause of Death — Primary: Intestinal catarrh & Pneumonia — How long sick: nearly all his life

Cause of Death — Immediate: Pulmonary oedema — ~~Accident, Suicide, Homicide~~

Reported by: Benj F. Shipley M D

Address: Alpha Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79996

Name In Full Amanda Watkins

Watkins

Certificate of Death

Town Ellicott County Howard MARYLAND

Died at

Month	Day	Y.	M.	D.	Native of	Occupation
Sept	1	6	2		Howard	

Date 189

Age

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living

Husband of
Wife

Father's Name Louis Watkins

Mother's Name Georgianna (Clarke) Watkins

Cause of Death — Primary: Cholera Infantum — How long sick: 3 Weeks

Immediate: [illegible] — Accident, Suicide, Homicide

Reported by Dr. Chas Gilbert

Address Ellicott, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Naomi E. Whalen

Died ~~in~~ Town Laurel County Howard MARYLAND

Date 1899 Month 9 Day 22 Age Y. 7 M. 7 D. 24 Native of Md Occupation ———

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name Harman H. Whalen Mother's Name E. Jane Whalen

Cause of Death: Primary Diphtheria 8 D How long sick 14 days

Immediate Paralysis of Heart ~~Accident, Suicide, Homicide~~

Reported by L. N. Linthicum M. D

Address Savage Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Ulmer Young

Died at Fort Trumbull, Town County Kiowa Co MARYLAND

Date 189 Month Sept Day 8 | Age Y. 12 M. D. | Native of | Occupation

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living 4

Husband / Wife of Josephen Young not married

Father's Name unknown | Mother's Name Mary Young

Cause of Death: Primary Ulmer Young died not | How long sick Dont know

Immediate Uremia cause of death | Accident, ~~Suicide, Homicide~~

Reported by J M Webb 161

Address Fort Trumbull Kiowa Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, F5068